

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO
101585839

FILING DATE

CLAIMS

	AS FILED		AFTER		AFTER	
	1 ST AMENDMENT		2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			—			
2			—			
3			—			
4			—			
5			—			
6			—			
7			—			
8			—			
9			—			
10			—			
11			—			
12			—			
13			—			
14			—			
15			—			
16			—			
17			—			
18			—			
19			—			
20			—			
21			—			
22			—			
23			—			
24			—			
25			—			
26			—			
27			—			
28			—			
29			—			
30			—			
31			—			
32			—			
33			—			
34			—			
35			—			
36			—			
37			—			
38			—			
39			—			
40			—			
41			—			
42			—			
43			—			
44			—			
45			—			
46			—			
47			—			
48			—			
49			—			
50			—			
TOTAL IND.			16			
TOTAL DEP.			19			
TOTAL CLAIMS		20				

	AS FILED		AFTER		AFTER	
	1 ST AMENDMENT		2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						